

RETIREMENT SYSTEM FINANCIAL DISCLOSURE REPORT

Pursuant to LSA-R.S. 42:1114.2, each person who has or is seeking to obtain a contractual or other business or financial relationship with a state or statewide public retirement system shall file with the Board of Ethics a financial disclosure report semiannually if the person has made expenditures of five hundred dollars or more in a calendar year. Reports disclosing expenditures for retirement officials must be filed by August 15th, covering January 1 through June 30 of the calendar year and by February 15th, covering January 1 - December 31 of the calendar year. Although there is no registration requirement under L.S. 42:1114.2, you may be required to register and report under LSA-R.S. 49:71 et seq.

Reports may be mailed or delivered to: Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808

OR

Faxed to: (225)763-8787 or (225)763-8780

REPORT COVERING:

☒ JANUARY 1 through JUNE 30, 2005 - DUE BY AUGUST 15

☐ JANUARY 1 through DECEMBER 31, _____ - DUE BY FEBRUARY 15

1. Name:

 Schechter Suzanna L
 Last First MI

FOR OFFICE USE
 ONLY

Postmark Date: 8-4-05

2050583

2. Business

Address: 630 Fifth Avenue, 36th floor New York NY 10111
 Street and No. City State Zip

Mailing Address: Same as above

3. Business Phone: 212-830-0107
 Area Code and Telephone Number

4. Employer: Capital Guardian Trust Company

5. Employer's address: 333 S. Hope Street Los Angeles CA 90071
 Street and No. City State Zip

6. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:

From January 1 through June 30? Yes ☐ No ☒
 From July 1 through December 31? Yes ☐ No ☐ NA ☒

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for a retirement system official:

From January 1 through June 30? Yes ☐ No ☒
 From July 1 through December 31? Yes ☐ No ☐ NA ☒

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

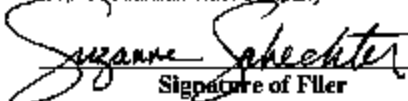
8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

- 1) a. Name of Retirement System: Louisiana State Employees
- b. Total of all expenditures made January 1 through June 30: \$ 35.00
- c. Total of all expenditures made July 1 through December 31: \$ N/A
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ 35.00
- 2) a. Name of Retirement System: N/A
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ N/A
- 3) a. Name of Retirement System: N/A
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.

Capital Guardian Trust Company


Signature of Filer

By: Suzanne Schächter
Title: Vice President

